Doctor's Declaration

This Declaration needs to be completed by the treating doctor.
Please use BLOCK CAPITALS and Black Ink when completing the form.

This section is only admissible if it is completed by the specialist or referring doctor who is registered and licensed to practice in the country where you receive treatment. We reserve the right to withhold benefit for treatment by doctors who do not hold internationally recognised qualifications and training (for example, a medical school listed in the World Health Organisation's World Directory of Medical Schools).

If you are receiving treatment from your doctor, please ensure that you take this form with you for them to complete. Once completed you can upload this together with a copy of the invoice and receipt via our on-line claims portal at www.expacare.com/submit-a-claim. **Please contact us on +44 (0) 1344 233950 if you have any questions.**

1. Please give a description of the symptoms:

2. Diagnosis:

3. The date of onset: DD / MM / YY

3. Please tell us when the patient first consulted a doctor for this or similar symptoms: DD / MM / YY

4. Has this or any similar condition existed previously?

Yes ☐ No ☐

5. If the answer to Question 4 is yes, please provide details:

6. To whom are you referring this patient? (if applicable)
   Name:
   Specialisation:

7. Date referred: DD / MM / YY

8. What is the likely treatment plan?

9. Please list all medications prescribed:

10. Hospital admission must be pre-authorised by us.
    Name of hospital:
    Proposed admission date:
    Address of hospital:
    Expected hospital stay (if known length of stay):

11. Declaration:
    I hereby certify that I am the patient's doctor.
    Signature:
    Date: DD / MM / YY
    Telephone number:
    Fax number:
    Email address:
    Name and Address:

    Practice stamp: